



# 2016-2017 Rec. Basketball League

## Resident Team Registration

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**This league is completely recreational.** Scores are de-emphasized and standings are not kept. We ask all coaches to provide equal playing time to all players and emphasize sportsmanship and fun. Select teams are not permitted in this league. Rosters must be open to anyone at your particular school who wishes to play.

**COACHES:** Teams are expected to have a co-coach or assistant coach when the head coach is unavailable.

**ROSTERS:** In order to qualify as a "Clayton Team", ***at least 80% of your team must live in Clayton or attend a Clayton School District School.*** Teams must complete and return the City of Clayton's team waiver/roster form. Player's cannot participate in games without being added to the roster with the parent/guardian's signature. **Rosters are to be completed and submitted upon registration.**

**PRESEASON MEETING:** You or team representative is asked to attend a pre-season meeting on **Wednesday, November 9, 2016 at 6:00pm.** The meeting will be held at The Center of Clayton in the meeting rooms located on the main floor. Equipment, uniforms, rules and league information will be distributed during this time.

**BASKETBALL SEASON:** Games will begin the weekend of January 7th and 8th, 2017. All teams will be scheduled for an 8 game season. The actual length of the season cannot be determined at this time but typically ends in early March.

**PRACTICE TIMES:** Practice times will be determined based on the availability listed on the Practice Request Form submitted. Each team will receive one practice during the week and one on the weekend. Once games begin, teams will only practice during the week.

**PLAYING TIMES:** Games are primarily scheduled on Saturdays from 8 a.m. - 6 p.m. and Sundays from 11 a.m. - 6 p.m. There will also be some weeknight games scheduled generally on Tuesdays and Thursdays. At this time it cannot be determined when specific divisions will be playing. Please use the space provided on the team registration form to indicate dates/times your team cannot play. We will make every effort to honor your request.  
(January 7 - March 12)

**GAME LOCATIONS:** Games will be played at The Center of Clayton. Specific game locations cannot be determined at this time.

**LEAGUE FEES:** Due at the time of registration. All checks made payable to The City of Clayton. All fees are non-refundable. Equipment, uniforms, and practice time are included in the registration fee.

**EQUIPMENT:** All equipment must be returned at the end of the season.

**UNIFORMS:** Uniform style, color, and numbers will be determined by the City of Clayton.

# 2016-2017 Recreational Basketball League

## Resident Team Registration Form

Team Coach: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: (1)\_\_\_\_\_ (2)\_\_\_\_\_

Email Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Girls in Grades 1 - 8 have the option of playing on the boys teams if there are not enough girls to create an all-girls team.

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***Fee Per Team (Boys and Girls):***

***Grades 1-8 - \$800***

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**PLAYING TIMES:** Games are primarily scheduled on Saturdays from 8 a.m. - 6 p.m. and Sundays from 11 a.m. - 6 p.m. There may also be some weeknight games scheduled if necessary. At this time it cannot be determined when specific divisions will be playing. Please use the space provided on the team registration form to indicate dates/times your team cannot play. We will make every effort to honor your request; however we cannot make any guarantees.

### **Registration Check List**

- ☐ This Registration Form
- ☐ Team Roster
- ☐ Practice request form
- ☐ Coach's background check
- ☐ Registration fee

For additional information or to submit registration:

The City of Clayton

Attention: Patrick Magee

50 Gay Ave.

Clayton, MO 63105

314-290-8510 | [pmagee@claytonmo.gov](mailto:pmagee@claytonmo.gov)

Please submit all required registration information by **October 21st** to avoid late registration penalties and guarantee your spot in the league.

City of Clayton  
Parks and Recreation Department  
Team Roster

Team Name: \_\_\_\_\_ Season: \_\_\_\_\_

Team Captain: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street
City
State
Zip

My family and I hereby waive and release the City of Clayton and its representatives from claims for damages and/or injuries incurred while participating in or as a spectator at a City of Clayton sponsored activity. I have read and understand the registration and refund policies. Registration is invalid without signature. I also agree, as a participant or a parent of a minor participant, to grant full permission to the City of Clayton to use my name, photograph, videotape or recording for promotional purposes without obligation or liability to me or my family.

Name/Signature	Address & Zip	Phone	R	NR
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

# Clayton Youth Basketball League

## Practice Request Form

COACH'S NAMES: \_\_\_\_\_

GRADE: \_\_\_\_\_

Please indicate top **three** choices for a day during the week and top **three** choices on the weekend. If you are coaching more than one team, please turn in a separate request for each team. Please return by email, mail or by fax at 314-290-8517.

**WEEKDAY:** (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

I would like ... 6:00 p.m. \_\_\_\_\_ 7:00 p.m. \_\_\_\_\_ 8:00 p.m. \_\_\_\_\_

**WEEKEND: SATURDAY**

I prefer the following time ...

9a-10a \_\_\_\_\_ 10a-11a \_\_\_\_\_ 11a-12p \_\_\_\_\_ 12a-1p \_\_\_\_\_ 1p-2p \_\_\_\_\_

2p-3p \_\_\_\_\_ 3p-4p \_\_\_\_\_ 4p-5p \_\_\_\_\_ 5p-6p \_\_\_\_\_

**SUNDAY**

I prefer the following time ...

9a-10a \_\_\_\_\_ 10a-11a \_\_\_\_\_ 11a-12p \_\_\_\_\_ 12a-1p \_\_\_\_\_ 1p-2p \_\_\_\_\_

2p-3p \_\_\_\_\_ 3p-4p \_\_\_\_\_ 4p-5p \_\_\_\_\_ 5p-6p \_\_\_\_\_

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**SAMPLE:**

**WEEKDAY:** (1) Thursday (2) Monday (3) Tuesday

I would like ... 6:00 p.m. X 7:30 p.m. (under lights) \_\_\_\_\_

**WEEKEND:** SATURDAY X

I prefer the following time ... 9-11 1 11-1 2 1-3 \_\_\_\_\_ 3-5 \_\_\_\_\_

SUNDAY X

I prefer the following time ... 9-11 \_\_\_\_\_ 11-1 3 1-3 \_\_\_\_\_ 3-5 \_\_\_\_\_

**CERTIFICATE OF APPLICANT  
FOR PART-TIME EMPLOYMENT  
AUTHORIZATION FOR RELEASE OF INFORMATION  
(Read Carefully Before Signing)**

I, (Print Full Name) \_\_\_\_\_, hereby certify that all statements made on or in connection with this application for employment are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions, whenever discovered will result in discharge from employment with the City of Clayton, Missouri.

I hereby authorize all law enforcement agencies, military agencies and branches, all federal, state or local governmental agencies, schools and universities, to furnish the holder of this release with any and all available information regarding me.

I authorize the holder of this release to make inquiry of my present and past employers regarding any and all information any such employer may have about me.

I authorize release of any and all information regarding my employment, criminal background, driving record, or any other information, whether personal or otherwise, that may or may not be contained in the records of any agency, authority, or other entity. I hereby fully release and hold harmless the holder of this release, and any entity providing information to the holder of this release, pursuant to the terms hereof from any and all actions, causes of action, liability, damages, or suits in connection therewith or resulting therefrom.

A photostatic copy of this authorization shall be as effective and valid as the original.

Signature

Date \*\*

Name (Print)

Position Applied For

Address: \_\_\_\_\_

Street	City	State	Zip
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Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Telephone Number (include area code): \_\_\_\_\_

Signature of Parent or Guardian

(Required if applicant is under the age of 18)

Date \_\_\_\_\_

This authorization, your application, and all materials submitted in connection therewith are the property of the City of Clayton, Missouri, and will not be returned.

\*\* Authorization for release of information expires one year from date of signature(s).